

ASSEMBLY BILL

No. 1629

Introduced by Assembly Member Frommer

February 21, 2003

An act to amend Sections 128735 and 128740 of the Health and Safety Code, relating to statewide health planning and development.

LEGISLATIVE COUNSEL'S DIGEST

AB 1629, as introduced, Frommer. Office of Statewide Health Planning and Development: health facility data.

Under existing law, the Health Data and Advisory Council Consolidation Act, the Office of Statewide Health Planning and Development collects specified health facility data from every organization that operates, conducts, owns, or maintains a health facility. Existing law requires the office's data reporting requirements in this regard to be consistent with national standards, as applicable.

This bill would additionally require every organization that operates, conducts, or maintains a health facility to provide to the office the health facility data information required under existing law for all affiliates, as defined by the bill, as well as other entities over which the organization exercises control, responsibility, or governance commencing July 1, 2004. The bill would also require the office to review the reporting requirements specified in the bill, commencing July 1, 2004.

The bill would also specify the national standards that the office is required to consider in developing its data reporting requirements.

Under the existing Health Data and Advisory Council Consolidation Act, each hospital is required to report to the office specified financial and utilization data. Existing law also requires the office to adopt

guidelines for the identification, assessment, and reporting of hospital charity care services.

This bill would specify the information the office is required to consider in establishing these guidelines.

This bill would also require the office to consult with the State Department of Health Services regarding how the data collected facilitates the enforcement of statutes and regulations regarding staffing in specified health facilities.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 128735 of the Health and Safety Code
2 is amended to read:

3 128735. Every organization that operates, conducts, owns, or
4 maintains a health facility, and the officers thereof, shall make and
5 file with the office, at the times as the office shall require, all of the
6 following reports on forms specified by the office that shall be in
7 accord where applicable with the systems of accounting and
8 uniform reporting required by this part, except the reports required
9 pursuant to subdivision (g) shall be limited to hospitals:

10 (a) A balance sheet detailing the assets, liabilities, and net
11 worth of the health facility at the end of its fiscal year.

12 (b) A statement of income, expenses, and operating surplus or
13 deficit for the annual fiscal period, and a statement of ancillary
14 utilization and patient census.

15 (c) A statement detailing patient revenue by payer, including,
16 but not limited to, Medicare, Medi-Cal, and other payers, and
17 revenue center except that hospitals authorized to report as a group
18 pursuant to subdivision (d) of Section 128760 are not required to
19 report revenue by revenue center.

20 (d) A statement of cash-flows, including, but not limited to,
21 ongoing and new capital expenditures and depreciation.

22 (e) A statement reporting the information required in
23 subdivisions (a), (b), (c), and (d) for each separately licensed
24 health facility operated, conducted, ~~or~~ maintained by, *or affiliated*
25 *with*, the reporting organization, except those hospitals authorized
26 to report as a group pursuant to subdivision (d) of Section 128760.



1 (f) Data reporting requirements established by the office shall
2 be consistent with national standards, as applicable. *National*
3 *standards that shall be considered in developing the data reporting*
4 *requirements include those developed by consumer organizations*
5 *and recognized collective bargaining organizations.*

6 (g) A Hospital Discharge Abstract Data Record that includes
7 all of the following:

8 (1) Date of birth.

9 (2) Sex.

10 (3) Race.

11 (4) ZIP Code.

12 (5) Principal language spoken.

13 (6) Patient social security number, if it is contained in the
14 patient's medical record.

15 (7) Prehospital care and resuscitation, if any, including all of
16 the following:

17 (A) "Do not resuscitate" (DNR) order at admission.

18 (B) "Do not resuscitate" (DNR) order after admission.

19 (8) Admission date.

20 (9) Source of admission.

21 (10) Type of admission.

22 (11) Discharge date.

23 (12) Principal diagnosis and whether the condition was present
24 at admission.

25 (13) Other diagnoses and whether the conditions were present
26 at admission.

27 (14) External cause of injury.

28 (15) Principal procedure and date.

29 (16) Other procedures and dates.

30 (17) Total charges.

31 (18) Disposition of patient.

32 (19) Expected source of payment.

33 (20) Elements added pursuant to Section 128738.

34 (h) It is the expressed intent of the Legislature that the patient's
35 rights of confidentiality shall not be violated in any manner.
36 Patient social security numbers and any other data elements that
37 the office believes could be used to determine the identity of an
38 individual patient shall be exempt from the disclosure
39 requirements of the California Public Records Act (Chapter 3.5

1 (commencing with Section 6250) of Division 7 of Title 1 of the
2 Government Code).

3 (i) No person reporting data pursuant to this section shall be
4 liable for damages in any action based on the use or misuse of
5 patient-identifiable data that has been mailed or otherwise
6 transmitted to the office pursuant to the requirements of
7 subdivision (g).

8 (j) A hospital shall use coding from the International
9 Classification of Diseases in reporting diagnoses and procedures.

10 (k) *(1) Every organization that operates, conducts, or*
11 *maintains a health facility shall provide information as specified*
12 *in this chapter on all affiliates or other entities over which the*
13 *organization exercises control, responsibility, or governance of a*
14 *material amount of the assets or operations of the entity. For*
15 *purposes of this section, "affiliate" has the same meaning as in*
16 *Section 5031 of the Corporations Code.*

17 *(2) The office shall periodically review the reporting elements*
18 *specified in this subdivision to determine whether its regulations,*
19 *procedures, or protocols assure that the reporting elements*
20 *provide timely information that meets the needs of purchasers,*
21 *consumers, and regulators of health services. In so doing, the*
22 *office shall consult with associations of licensed health facilities,*
23 *consumer organizations, labor organizations, physician*
24 *membership organizations, the State Department of Health*
25 *Services, the Department of Managed Health Care, and other*
26 *interested parties.*

27 *(3) This subdivision shall become operative on July 1, 2004.*

28 SEC. 2. Section 128740 of the Health and Safety Code is
29 amended to read:

30 128740. (a) Commencing with the first calendar quarter of
31 1992, the following summary financial and utilization data shall
32 be reported to the office by each hospital within 45 days of the end
33 of every calendar quarter. Adjusted reports reflecting changes as
34 a result of audited financial statements may be filed within four
35 months of the close of the hospital's fiscal or calendar year. The
36 quarterly summary financial and utilization data shall conform to
37 the uniform description of accounts as contained in the Accounting
38 and Reporting Manual for California Hospitals and shall include
39 all of the following:

40 (1) Number of licensed beds.

- 1 (2) Average number of available beds.
- 2 (3) Average number of staffed beds.
- 3 (4) Number of discharges.
- 4 (5) Number of inpatient days.
- 5 (6) Number of outpatient visits.
- 6 (7) Total operating expenses.
- 7 (8) Total inpatient gross revenues by payer, including
- 8 Medicare, Medi-Cal, county indigent programs, other third
- 9 parties, and other payers.
- 10 (9) Total outpatient gross revenues by payer, including
- 11 Medicare, Medi-Cal, county indigent programs, other third
- 12 parties, and other payers.
- 13 (10) Deductions from revenue in total and by component,
- 14 including the following: Medicare contractual adjustments,
- 15 Medi-Cal contractual adjustments, and county indigent program
- 16 contractual adjustments, other contractual adjustments, bad debts,
- 17 charity care, restricted donations and subsidies for indigents,
- 18 support for clinical teaching, teaching allowances, and other
- 19 deductions.
- 20 (11) Total capital expenditures.
- 21 (12) Total net fixed assets.
- 22 (13) Total number of inpatient days, outpatient visits, and
- 23 discharges by payer, including Medicare, Medi-Cal, county
- 24 indigent programs, other third parties, self-pay, charity, and other
- 25 payers.
- 26 (14) Total net patient revenues by payer including Medicare,
- 27 Medi-Cal, county indigent programs, other third parties, and other
- 28 payers.
- 29 (15) Other operating revenue.
- 30 (16) Nonoperating revenue net of nonoperating expenses.
- 31 (b) Hospitals reporting pursuant to subdivision (d) of Section
- 32 128760 may provide the items in paragraphs (7), (8), (9), (10),
- 33 (14), (15), and (16) of subdivision (a) on a group basis, as
- 34 described in subdivision (d) of Section 128760.
- 35 (c) The office shall make available at cost, to any person, a hard
- 36 copy of any hospital report made pursuant to this section and in
- 37 addition to hard copies, shall make available at cost, a computer
- 38 tape of all reports made pursuant to this section within 105 days
- 39 of the end of every calendar quarter.

1 (d) The office, with the advice of the commission, shall adopt
2 by regulation guidelines for the identification, assessment, and
3 reporting of charity care services. In establishing the guidelines,
4 the office shall consider the principles, *guidelines, and other*
5 *information provided by consumer organizations, recognized*
6 *collective bargaining agents of health care workers, and*
7 *recognized collective bargaining agents of workers whose*
8 *employers purchase health care coverage. In addition, the office*
9 *shall also consider the principles and practices recommended by*
10 professional health care industry accounting associations for
11 differentiating between charity services and bad debts. The office
12 shall further conduct the onsite validations of health facility
13 accounting and reporting procedures and records as are necessary
14 to assure that reported data are consistent with regulatory
15 guidelines.

16 ~~This section shall become operative January 1, 1992.~~

17 (e) *To further its mission as the single state agency for*
18 *collecting health data, the office shall also consult with the State*
19 *Department of Health Services regarding how the data collected*
20 *facilitates enforcement of statutes and regulations regarding*
21 *staffing in a general acute care hospital, as defined in subdivision*
22 *(a) of, an acute psychiatric hospital, as defined in subdivision (b)*
23 *of, and a special hospital, as defined in subdivision (f) of, Section*
24 *1250, and regarding staffing in a skilled nursing facility, as defined*
25 *in subdivision (c) of Section 1250. In revising data collected on*
26 *staffing, the office shall consult with recognized collective*
27 *bargaining agents for health care workers, consumer*
28 *organizations with demonstrated interest on the issue of staffing,*
29 *and associations of the facilities in question.*

